University of Alabama at Birmingham
Outreach of Minority Women At AIDS Risk from Substance Abuse
Birmingham, Alabama
TI14436

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Not available

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PROJECT DESCRIPTION

Expansion or Enhancement Grant—Expansion and Enhancement

Program Area Affiliation—Women, Reducing Disparities (African American, Latino/Hispanic)

Congressional District and Congressperson—Alabama 6; Spencer Bachus

Public Health Region—IV

Purpose, Goals, and Objectives—The purpose of this project is "to address limitations in an existing project by expanding existing outreach, service engagement, and risk reduction services to African American women at risk of HIV/AIDS related to substance abuse and to enhance the same services to include at-risk Hispanic/Latina women and African American and Hispanic/Latina women living with HIV/AIDS with substance abuse problems." (abstract)

The three goals are: 1) to expand outreach from 24,204 to 105,161 at-risk minority women and enhance outreach to Hispanic/Latina and minority women living with HIV/AIDS; 2) to expand service engagement from 561 to 3,393 minority women and enhance service engagement in abstinence-contingent housing, general health care, and HIV/AIDS treatment; and 3) to expand risk reduction from 24,177 to 97,204 minority women and enhance risk reduction in substance abuse and HIV/AIDS transmission. (pages 11-12)

The objectives detail the specific areas that will be addressed to engage the numbers above. The new areas will include street, government housing, and clinic areas. Established service strategies at vocational rehabilitation services and shelter care will be expanded. (page 12)

Target Population—The target population is African American women at risk of HIV/AIDS associated with substance abuse problems. The enhancement will target at-risk Hispanic/Latina women and minority women living with HIV/AIDS. It will target four additional street communities, four new government housing communities, and three HIV/AIDS clinics. The above goals and objectives specify the targeted numbers. (page 11)

Geographic Service Area—Women living in Birmingham, Alabama. (page 10)

Drugs Addressed—There was no reference to specific drugs.

Theoretical Model—The project will use an outreach design that is based on the Indigenous Leader Outreach Model (Wiebel, 1993). It is enhanced by the Stages of Change (Prochaska and DiClemente, 1986). (page 14)

Type of Applicant—State Controlled Institution of Higher Learning (cover page)

SERVICE PROVIDER STRUCTURE

Service Organizational Structure—The project is apparently located in the University of Alabama's Drug Treatment Program, which is licensed by the State of Alabama. (pages 63-64)

Service Providers—The services will be provided by the applicant organization, the University of Alabama Drug Treatment Program. An expanded collaboration with Woodlawn Public Health Clinic will help with general medical problems. (page 21).

Services Provided—The services provided by this project will be outreach, service engagement, and risk reduction. Specific services will include substance abuse treatment; Narcotics Anonymous and educational group referrals; linkages to inpatient, outpatient, and methadone treatment; housing; vocational rehabilitation; HIV testing; and HIV/AIDS treatment. (pages 17, 19)

Service Setting—The primary setting is the University of Alabama's Drug Treatment Program. It appears to be primarily an outpatient service provider. The project also provides housing. (page 21)

Number of Persons Served—The project will serve 105,161 African American and Hispanic/Latina women through outreach. Service engagement will serve 968 women in substance abuse treatment, 440 in vocational rehabilitation, 94 in health care, 1,051 in HIV testing, and 116 in HIV/AIDS treatment. For risk reduction, 440 will be served in substance abuse, 96,708 in HIV acquisition, and 56 in HIV transmission. It is not clear how many will be served per year. For example, for the outreach area, it is stated, "...or 216 additional persons over the length of the project." (pages 19-20)

Desired Project Outcomes—The project will reduce the transmission of HIV/AIDS among African American and Hispanic/Latina women with substance abuse problems and those living with HIV/AIDS. (page 11)

Consumer Involvement—The project incorporated information from consumers, police officers, neighborhood liaisons, city hall, and outreach workers to develop the project. They work with many community agencies. "Continued focus groups and individual interviews with persons receiving services from this project will be conducted to remain best informed." (page 23)

EVALUATION

Strategy and Design—"Dr. Wang will be responsible for…data collection and data analysis. Day-to-day data collection activities will be the responsibility of the Project Coordinator, Ms. Sacia Dear." (page 26) The process evaluation will monitor, document, and provide feedback on the numbers and nature of the served population and services delivered by the project. A Daily Contact Log will be completed on every outreach contact. Charts will be kept on each participant who seeks and participates in service engagement or risk reduction services. Attendance logs, types of services received, and evidence of completion data will be collected. Staff will have outreach, service engagement, and risk reduction goals that will be monitored and reinforced weekly to meet project goals. (page 27)

Outcome evaluation will monitor, document, and provide feedback on the effectiveness of the program, including the impact of the project on behaviors that may increase participants' risk of HIV transmission to others or risk of contracting other infectious diseases, drug and alcohol use, employment or engagement in productive activities, health status, and drug-free housing status. (page 28)

Findings will be disseminated in quarterly reports to CSAT and "any data dumps necessary to adhere to cross-site data analysis requirements." Publication and presentation of important findings will be disseminated through professional journals and peer-reviewed scientific conferences. (page 30)

Evaluation Goals/Desired Results—The evaluation goals are the same as the program goals stated above. These include expanding outreach from 24,204 to 105,161 at-risk minority women and enhancing outreach to Hispanic/Latina and minority women living with HIV/AIDS; expanding service engagement from 561 to 3,393 minority women and enhancing service engagement in abstinence-contingent housing, general health care, and HIV/AIDS treatment; and expanding risk reduction from 24,177 to 97,204 minority women and enhancing risk reduction in substance abuse and HIV/AIDS transmission. (pages 28-29)

Evaluation Questions and Variables—Evaluation will address the following qualitative and quantitative questions (pages 27-28):

- **Participants.** How many participants received services from the project? What was the distribution of outreach, service engagement, and risk reduction services? What was the distribution of participants by outreach community? What was the distribution by ethnic status? What were the demographic characteristics of the population? What were the DSM-IV substance use disorder diagnoses? What was the prevalence of STDs and HIV/AIDS disease? What was the severity of HIV/AIDS risk and degree of knowledge? What was the prevalence of depression? What were the barriers to service engagement and risk reduction? What were case management needs?
- **Services.** What was the nature and extent of outreach, service engagement, and risk reduction delivered? What were the service engagement and service completion rates? What were the risk reduction utilization and completion rates? Were expansion goals met? Were enhancement goals met? Were staff goals for outreach, service engagement, and risk reduction met? Were all community outreach and service engagement sites utilized fully?
- **Outcome evaluation.** How much were HIV or other infectious disease risk behaviors reduced at follow-up? How much was drug use decreased at follow-up? How much was employment or productive activity increased at follow-up? How much was drug-free housing increased at follow-up? How much was criminal justice involvement reduced at follow-up? How much were mental and physical health problems reduced at follow-up?

Instruments and Data Management—The GPRA will be completed at intake and at 6- and 12-month follow-ups. (page 26) The project notes that its previous project had 98 percent follow-up rates on the GPRA. The specific numbers related to each goal are assumed by this reviewer to be the sample size.